

# EXHIBIT E



P.O. Box 182835  
Columbus, OH 43218

October 9, 2007

**WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104**

**RE: Policy Number: L034804330  
Insured: GARY H LUPILOFF**

Dear WILLIAM KEENE:

Please accept this letter as confirmation that the payor on the above life policy has been updated to the policy owner, William Keene.

Thank you for allowing us to be of service to you. If you have any questions, please contact your registered representative our Customer Service Department at 800-547-7548. If you require our TDD line, please call 800-238-3035. Customer Service Representatives are available to assist you between the hours of 8:00 a.m. and 8:00 p.m. EST, Monday through Friday.

Sincerely,

Life Customer Service  
Nationwide Financial

RLG

CC: AGENT 21-0024503 MARY E REICH 248-874-1100

2:11-cv-12422-AC-MKM Doc # 52-9 Filed 12/18/12 Pg 19 of 36 Pg ID 1090

**LIFE BILLING STATEMENT**Policy Number  
L034804300Date Prepared  
OCT 10, 2007Nationwide Insurance  
Nationwide Financial  
PO Box 182835  
Columbus OH 43218-2835Total Amount Due  
\$272.95Due Date  
AUG 28, 2007WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711

For Payment Of:

QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

03501

\*000000000712776

Current Premium Due ..... \$272.95  
Total Due This Statement ..... \$272.95

RETURN THIS PORTION FOR YOUR RECORDS

00712776

N000

XLBF03A

RETURN THIS PORTION WITH PAYMENT

**LIFE BILLING STATEMENT**WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711Total Amount Due  
\$272.95INSURED: GARY H LUPILOFF  
OWNER: WILLIAM KEENE

0012

Policy Number  
L034804300Due Date  
AUG 28, 2007For Policy Information  
or Changes, Call:  
MARY E REICH  
248-874-1100Make Check  
Payable To:Nationwide Life Insurance Company  
PO Box 742634  
Cincinnati OH 45274-2534

05 1221360912 00 00 12 0348043000 5 0000027295 0000027295 97 0

## LIFE BILLING STATEMENT

Policy Number  
L034804300

Date Prepared  
JUN 18, 2007

Nationwide Insurance  
Nationwide Financial  
PO Box 182835  
Columbus OH 43218-2835

Total Amount Due  
\$272.95

Due Date  
MAY 28, 2007

### PAST-DUE REMINDER

William Keene

2704 Brockman Blvd  
Ann Arbor MI 48104-4711

For Payment Of:

QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

03530 1\*

03530 1\*

Past Due Premium .....	\$272.95
Total Due This Statement .....	\$272.95

\*000000000418143

2:11-cv-12422-AC-MKM Doc # 52-9 Filed 12/18/12 Pg 21 of 36 Pg ID 1092

**LIFE BILLING STATEMENT**Policy Number  
L034804300Date Prepared  
NOV 02, 2007

Nationwide Insurance  
Nationwide Financial  
PO Box 182835  
Columbus OH 43218-2835

Total Amount Due  
\$272.95Due Date  
NOV 28, 2007**ANNIVERSARY NOTICE**

|||||

WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711

For Payment Of:

QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

06515 1\*

\*200000075345

Current Premium Due ..... \$272.95  
Total Due This Statement ..... \$272.95

RETURN THIS PORTION FOR YOUR RECORDS

XLBF03A

00776345

N000

WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711

RETURN THIS PORTION WITH PAYMENT

**LIFE BILLING STATEMENT**Total Amount Due  
\$272.95

INSURED: GARY H LUPILOFF  
OWNER: WILLIAM KEENE

Policy Number  
L034804300Due Date  
NOV 28, 2007

For Policy Information  
or Changes, Call:  
MARY E REICH  
248-874-1100

Make Check  
Payable To:

|||||  
Nationwide Life Insurance Company  
PO Box 742534  
Cincinnati OH 45274-2534

05 1221160912 00 00 12 0348043000 5 0000027295 0000027295 97 0

2:11-cv-12422-AC-MKM Doc # 52-9 Filed 12/18/12 Pg 22 of 36 Pg ID 1093

On Your Side<sup>SM</sup>

Nationwide Life and Annuity Company  
 Individual Protection Service Center  
 P.O. Box 182835  
 Columbus, OH 43218  
 nationwide.com

NOV 02, 2007

WILLIAM KEENE  
 2704 BROCKMAN BLVD  
 ANN ARBOR MI 48104-4711

Insured: GARY H LUPILOFF

Your needs can change. So can your premium schedule.

Dear WILLIAM KEENE:

06516

2000000075345

When you bought your life insurance policy L034804300, you selected a schedule for paying premiums that fit your needs at that time. We recognize your needs can change, so we want to remind you that other premium schedule options are also available.

Sometimes, convenience is worth a little extra cost.

You're currently paying your premium 4 times a year. If you wish, you can choose to pay annually, semi-annually, quarterly, or monthly. However, payment schedules more frequent than once a year do include an administrative fee that increases the total annual cost. Here are your current payment options:

	Annual	Semi-annual	Quarterly	Monthly
Total premium per payment	\$1,030.00	\$535.60	\$272.95	\$91.67
Number of premiums per year	1	2	4	12
Administrative Fee	0.00	\$41.20	\$61.80	\$70.04
Total annual cost	\$1,030.00	\$1,071.20	\$1,091.80	\$1,100.04

If your policy contains a table of Guaranteed Premiums on the policy data page, the premium quoted in the table applies only to the annual premium payment mode. If you pay your premiums more than once a year, the total annual amount of your premiums will be more than the Guaranteed Premium amount contained in this table. If you want to change your payment schedule, call your insurance professional or give us a call.

We're here if you have questions.

If you need more information, please contact your insurance professional or our customer service department at 1-800-848-6331 Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern time; for TDD services, please call 1-800-238-3035.

Best regards,

Nationwide<sup>®</sup> Service Center  
 cc: MARY E REICH

Life insurance products are issued by Nationwide Life and Annuity Company, Columbus, Ohio. The general distributor for variable life insurance products is Nationwide Investment Services Corporation, member NASD. In MI only: Nationwide Inv Svcos. Corporation.

Nationwide, the Nationwide Framework and On Your Side are federally registered service marks of Nationwide Mutual Insurance Company

2:11-cv-12422-AC-MKM Doc # 52-9 Filed 12/18/12 Pg 23 of 36 Pg ID 1094

## **LIFE BILLING STATEMENT**

Policy Number  
L094804300

Date Prepared  
JAN 31, 2008

Total Amount Due  
**\$272.95**

Due Date  
**FEB 28, 2008**

Nationwide Insurance  
Nationwide Financial  
PO Box 182835  
Columbus OH 43218-2835

WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711

**For Payment Of:**

**QUARTERLY PREM'UM**

**See back of this statement for important phone numbers and other information about your insurance.**

**Current Premium Due .....** **\$272.95**  
**Total Due This Statement .....** **\$272.95**

RELAX THIS POSITION FOR 10-15 SECONDS.

00080435

NOOO

XI READ

WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711

BRUNSWICK CORPORATION 1970-1971

## **LIFE BILLING STATEMENT**

Total Amount Due  
**\$272.95**

INSURED: GARY H LUPILOFF  
OWNER: WILLIAM KEENE

二二二

Policy Number  
1034804300

Due Date  
**FEB 28, 2008**

**For Policy Information  
or Changes, Call:  
MARY E REICH  
248-874-1100**

**Make Check  
Payable To:**

Nationwide Life Insurance Company  
PO Box 742534  
Cincinnati OH 45274-2534

05 12231160912 00 00 32 03480430000 5 0000027295 0000027295 97 00

2:11-cv-12422-AC-MKM Doc # 52-9 Filed 12/18/12 Pg 24 of 36 Pg ID 1095

**LIFE BILLING STATEMENT**Policy Number  
L034804300Date Prepared  
APR 30, 2008Nationwide Insurance  
Nationwide Financial  
PO Box 182835  
Columbus OH 43218-2835Total Amount Due  
\$272.95Due Date  
MAY 28, 2008WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711

For Payment Of:

QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

06337 1\*

\*0000000334617

Current Premium Due ..... \$272.95  
Total Due This Statement ..... \$272.95

RECEIVED IN THE POST OFFICE - FOR YOUR INFORMATION

00384617

N000

XLBF03A

RECEIVED IN THE POST OFFICE - FOR YOUR INFORMATION

WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711**LIFE BILLING STATEMENT**Total Amount Due  
\$272.95INSURED: GARY H LUPILOFF  
OWNER: WILLIAM KEENE

0012

Policy Number  
L034804300Due Date  
MAY 28, 2008For Policy Information  
or Changes, Call:  
MARY E REICH  
248-874-1100Make Check  
Payable To:WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711  
Nationwide Life Insurance Company  
PO Box 742534  
Cincinnati OH 45274-2534

05 1221160912 00 00 12 0348043000 5 0000027295 0000027295 97 0

2:11-cv-12422-AC-MKM Doc # 52-9 Filed 12/18/12 Pg 25 of 36 Pg ID 1096

**LIFE BILLING STATEMENT**Policy Number  
**L034804300**Date Prepared  
**JUL 31, 2008**Nationwide Insurance  
Nationwide Financial  
PO Box 182835  
Columbus OH 43218-2835Total Amount Due  
**\$272.95**Due Date  
**AUG 28, 2008**

██

WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711

For Payment Of:

QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

07814 1\*

100000000588089

Current Premium Due ..... **\$272.95**  
Total Due This Statement ..... **\$272.95**

00565089

N000

XLBF03A

WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711**LIFE BILLING STATEMENT**Total Amount Due  
**\$272.95**INSURED: GARY H LUPILOFF  
OWNER: WILLIAM KEENE

0012

Policy Number  
**L034804300**Due Date  
**AUG 28, 2008**For Policy Information  
or Changes, Call:  
MARY E REICH  
248-874-1100Make Check  
Payable To:██  
Nationwide Life Insurance Company  
PO Box 742634  
Cincinnati OH 45274-2634

05 1221160912 00 00 12 0348043000 5 0000027295 0000027295 97 0



2:11-cv-12422-AC-MKM Doc # 52-9 Filed 12/18/12 Pg 27 of 36 Pg ID 1098

On Your Side<sup>SM</sup>

OCT 31, 2008

Nationwide Life Insurance Company  
 Individual Protection Service Center  
 P.O. Box 182835  
 Columbus, OH 43218  
 nationwide.com

WILLIAM KEENE  
 2704 BROCKMAN BLVD  
 ANN ARBOR MI 48104-4711

Insured: GARY H LUPILOFF

Your needs can change. So can your premium schedule.

Dear WILLIAM KEENE:

When you bought your life insurance policy L034804300, you selected a schedule for paying premiums that fit your needs at that time. We recognize your needs can change, so we want to remind you that other premium schedule options are also available.

Sometimes, convenience is worth a little extra cost. You're currently paying your premium 4 times a year. If you wish, you can choose to pay annually, semi-annually, quarterly, or monthly. However, payment schedules more frequent than once a year do include an administrative fee that increases the total annual cost. Here are your current payment options:

	Annual	Semi-annual	Quarterly	Monthly
Total premium per payment	\$1,030.00	\$535.60	\$272.95	\$91.67
Number of premiums per year	1	2	4	12
Administrative Fee	0.00	\$41.20	\$61.80	\$70.04
Total annual cost	\$1,030.00	\$1,071.20	\$1,091.80	\$1,100.04

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We're here if you have questions. If you need more information, please contact your insurance professional or our customer service department at 1-800-848-6331 Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern time; for TDD services, please call 1-800-238-3035.

Best regards,

Nationwide<sup>®</sup> Service Center  
 cc: MARY E REICH

Life insurance products are issued by Nationwide Life Insurance Company, Columbus, Ohio. The general distributor for variable life insurance products is Nationwide Investment Services Corporation, member NASD. In MI only: Nationwide Investment Svcs. Corporation.

Nationwide, the Nationwide Framework and On Your Side are federally registered service marks of Nationwide Mutual Insurance Company

2:11-cv-12422-AC-MKM Doc # 52-9 Filed 12/18/12 Pg 28 of 36 Pg ID 1099

## **LIFE BILLING STATEMENT**

Policy Number  
L034804300

Date Prepared  
JAN 30, 2009

Nationwide Insurance  
Nationwide Financial  
PO Box 182835  
Columbus OH 43218-2835

Total Amount Due  
**\$272.95**

Due Date  
**FEB 28, 2009**

28. 2020

WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711

For Payment Of:  
**QUARTERLY PREMIUM**

See back of this statement for important phone numbers and other information about your insurance.

\*0000000000080583 06395 1\*

**Current Premium Due .....** **\$272.95**  
**Total Due This Statement .....** **\$272.95**

00080583 N000

XLBFO3A  
WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711

## **LIFE BILLING STATEMENT**

Total Amount Due  
**\$272.95**

INSURED: GARY H LUPILOFF  
OWNER: WILLIAM KEENE

0012 Policy Number  
L034804300

Due Date  
**FEB 28, 2009**

For Policy Information  
or Changes, Call:  
**MARY E REICH**  
248-874-1100

**Make Check  
Payable To:**

Nationwide Life Insurance Company  
PO Box 742534  
Cincinnati OH 45274-2534

05 1221160512 00 00 12 0348043000 5 0000027295 0000027295 97 0

2:11-cv-12422-AC-MKM Doc # 52-9 Filed 12/18/12 Pg 29 of 36 Pg ID 1100

**LIFE BILLING STATEMENT**Policy Number  
**L034804300**Date Prepared  
**APR 30, 2009**Total Amount Due  
**\$272.95**Due Date  
**MAY 28, 2009**

Nationwide Insurance  
Nationwide Financial  
PO Box 182835  
Columbus OH 43218-2835

*PAJ?*

|||||

WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711

For Payment Of:  
QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

06407 1\*

06407 1\*

06407 1\*

06407 1\*

Current Premium Due ..... **\$272.95**  
Total Due This Statement ..... **\$272.95**

RECEIVED THIS 28TH DAY OF MAY, 2009

00333914

N000

XLBF03A

WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711

**LIFE BILLING STATEMENT**Total Amount Due  
**\$272.95**

INSURED: GARY H LUPILOFF  
OWNER: WILLIAM KEENE

Policy Number  
**L034804300**Due Date  
**MAY 28, 2009**

0012

For Policy Information  
or Changes, Call:  
MARY E REICH  
248-874-1100

Make Check  
Payable To:

|||||  
Nationwide Life Insurance Company  
PO Box 742534  
Cincinnati OH 45274-2534

05 1221160912 00 00 12 0348043000 5 0000027295 0000027295 97 0

2:11-cv-12422-AC-MKM Doc # 52-9 Filed 12/18/12 Pg 30 of 36 Pg ID 1101

**LIFE BILLING STATEMENT**Policy Number  
L034804300Date Prepared  
JUL 31, 2009Nationwide Insurance  
Nationwide Financial  
PO Box 182895  
Columbus OH 43218-2895Total Amount Due  
\$272.95Due Date  
AUG 28, 2009WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711

For Payment Of:

QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

1\*  
07106  
G  
990000000561638Current Premium Due ..... \$272.95  
Total Due This Statement ..... \$272.95

RETAIN THIS PORTION FOR YOUR RECORDS

00561638

N000

XLBF03A

RETURN THIS PORTION TO YOUR AGENT

WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711**LIFE BILLING STATEMENT**Total Amount Due  
\$272.95INSURED: GARY H LUPILOFF  
OWNER: WILLIAM KEENE0012 Policy Number  
L034804300Due Date  
AUG 28, 2009For Policy Information  
or Changes, Call:  
MARY E REICH  
248-874-1100Make Check  
Payable To:Nationwide Life Insurance Company  
PO Box 742534  
Cincinnati OH 45274-2534

2:11-cv-12422-AC-MKM Doc # 52-9 Filed 12/18/12 Pg 31 of 36 Pg ID 1102

## LIFE BILLING STATEMENT

Policy Number  
L034804300Date Prepared  
OCT 30, 2009Nationwide Insurance  
Nationwide Financial  
PO Box 182835  
Columbus OH 43218-2835Total Amount Due  
\$272.95Due Date  
NOV 28, 2009

## ANNIVERSARY NOTICE

WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711

For Payment Of:

QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

\*05633 1\*  
05633  
\*20000000793432Current Premium Due ..... \$272.95  
Total Due This Statement ..... \$272.95

RETAIN THIS PORTION FOR YOUR RECORDS

00793432

N000

XLBF03A

RETURN THIS PORTION WITH PAYMENT

## LIFE BILLING STATEMENT

Total Amount Due  
\$272.95INSURED: GARY H LUPILOFF  
OWNER: WILLIAM KEENE

0012

Policy Number  
L034804300Due Date  
NOV 28, 2009For Policy Information  
or Changes, Call:  
MARY E REICH  
248-874-1100Make Check  
Payable To:Nationwide Life Insurance Company  
PO Box 742534  
Cincinnati OH 45274-2534

2:11-cv-12422-AC-MKM Doc # 52-9 Filed 12/18/12 Pg 32 of 36 Pg ID 1103

Nationwide<sup>®</sup>On Your Side<sup>SM</sup>

OCT 30, 2009

Nationwide Life Insurance Company  
 Individual Protection Service Center  
 P.O. Box 182835  
 Columbus, OH 43216  
 nationwide.com

WILLIAM KEENE  
 2704 BROCKMAN BLVD  
 ANN ARBOR MI 48104-4711

Insured: GARY H LUPILOFF

Your needs can change. So can your premium schedule.

Dear WILLIAM KEENE:

When you bought your life insurance policy L034804300, you selected a schedule for paying premiums that fit your needs at that time. We recognize your needs can change, so we want to remind you that other premium schedule options are also available.

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Best regards,

Nationwide<sup>®</sup> Service Center

cc: MARY E REICH

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2:11-cv-12422-AC-MKM Doc # 52-9 Filed 12/18/12 Pg 33 of 36 Pg ID 1104

**LIFE BILLING STATEMENT**Policy Number  
L034804300Date Prepared  
JAN 29, 2010Nationwide Insurance  
Nationwide Financial  
PO Box 182835  
Columbus OH 43218-2835Total Amount Due  
\$272.95Due Date  
FEB 28, 2010WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711

For Payment Of:

QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

11240 1\*

700000000077106

8800 543-3747

7/13/09 41-2 543-3747

Current Premium Due ..... \$272.95  
Total Due This Statement ..... \$272.95

00077106

N000

XLBF03A

WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711**LIFE BILLING STATEMENT**Total Amount Due  
\$272.95INSURED: GARY H LUPILOFF  
OWNER: WILLIAM KEENE0012 Policy Number  
L034804300Due Date  
FEB 28, 2010For Policy Information  
or Changes, Call:  
MARY E REICH  
248-874-1100Make Check  
Payable To:Nationwide Life Insurance Company  
PO Box 742534  
Cincinnati OH 45274-2534

05 1221160912 00 00 12 0348043000 5 0000027295 0000027295 97 0

2:11-cv-12422-AC-MKM Doc # 52-9 Filed 12/18/12 Pg 34 of 36 Pg ID 1105

## **LIFE BILLING STATEMENT**

Policy Number  
**L034804300**

Date Prepared  
APR 30, 2010

Nationwide Insurance  
Nationwide Financial  
PO Box 182835  
Columbus OH 43218-2835

Total Amount Due  
**\$272.95**

**Due Date  
MAY 28, 2010**

WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711

For Payment Of:  
**QUARTERLY PREMIUM**

**See back of this statement for important phone numbers and other information about your insurance.**

**Current Premium Due .....** **\$272.95**  
**Total Due This Statement .....** **\$272.95**

XLBFD9A

WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711

J. POLYMER SCIENCE: PART A-1

00319989

Noob

## **LIFE BILLING STATEMENT**

Total Amount Due  
**\$272.95**

**INSURED: GARY H LUPILOFF  
OWNER: WILLIAM KEENE**

2018

Policy Number  
1034804300

Due Date  
**MAY 28, 2010**

**For Policy Information  
or Changes, Call:  
1-800-547-2280**

**Make Check  
Payable To:**

Nationwide Life Insurance Company  
PO Box 742534  
Cincinnati OH 45274-2534

05 1221160912 00 00 12 0348043000 5 0000027295 0000027295 97 0

2:11-cv-12422-AC-MKM Doc # 52-9 Filed 12/18/12 Pg 35 of 36 Pg ID 1106

On Your Side<sup>SM</sup>

Nationwide Life Insurance Company  
 Individual Protection Service Center  
 P.O. Box 182835  
 Columbus, OH 43218  
 nationwide.com

November 04, 2007

William Keene  
 2704 Brockman Blvd  
 Ann Arbor MI 48104-4711

Insured: Gary H Lupiloff

Your needs can change. So can your premium schedule.

Dear William Keene:

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We're here if you have questions.

If you need more information, please contact your insurance professional or our customer service department at 1-800-543-3747 Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern time; for TDD services, please call 1-800-238-3035

Best regards,

Nationwide<sup>®</sup> Service Center  
 cc: Mary Reich

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**NATIONWIDE LIFE INSURANCE COMPANY**  
**APPLICATION FOR DESIGNATION OF OWNER AND/OR CONTINGENT**  
**OWNER**

The following instructions have been enclosed to assist you with the completion of the attached APPLICATION FOR DESIGNATION OF OWNER AND/OR CONTINGENT OWNER. Please read these instructions carefully before completing the application.

1. Use this form to request a change of policy ownership. If the desired change of ownership is complex, or if you have any questions, please contact Nationwide Life Insurance Company at the Home Office.
2. This application revokes ALL previous ownership. Therefore, even if the present owner or contingent owner is to remain the same, such owner must be renamed on this form.
3. Print the FULL name(s) and address(es) of the new owner(s). Be certain to provide the new date of birth, social security (or tax ID) number, relationship to the insured and the complete address.  
**THE REQUESTED CHANGE OF OWNERSHIP WILL NOT BE PROCESSED IF ANY OF THE INFORMATION IS OMITTED.**
4. **SIGNATURES REQUIRED:** (1) The present owner(s) and all irrevocable beneficiaries, if any, and (2) the proposed new owner(s). Signatures **MUST** be in ink. At the discretion of the Home Office, a witness may be required.
5. The new owner will receive the premium notices unless the payor information is completed.
6. If joint ownership is listed, all notices will be mailed to one address listed on the reverse side. For tax reporting purposes, only one social security number can be used. Please indicate which ~~social security number is to be used~~ The signatures of all joint owners will be required for any